

Centralised Admission Form
Teacher Training Centre on Deafblindness

(Supported by Rangoonwala Foundation (India) Trust & Sense International (India))

Helen Keller Institute for Deaf & Deafblind
(Aditya Birla Memorial Complex)

Plot No. CC1, TTC Industrial Area, Shil Mahape Road,
Off. Thane Belapur Road, Navi Mumbai – 400 701
Tel: 022 - 2778 2108 / 2778 2193 / 2778 2214
Email: an_bagchi@yahoo.com

The Clarke School for the Deaf and
Mentally Retarded,

#3, Third street, Dr Radhakrishnan Road,
Mylapore, Chennai – 600004
Tel: 044-28475422/4910
Email: clarkskn@md2.vsnl.net.in
diptikarnad@gmail.com

APPLICATION FOR DIPLOMA IN EDUCATION SPECIAL EDUCATION (DEAFBLINDNESS)

(Recognized by Rehabilitation Council of India, Ministry of Social Justice and Empowerment, Government of India)

Application No. _____
(for office use)

For the academic year _____ **to** _____

Preference of Centre Helen Keller Institute for Deaf & Deafblind, Mumbai
(Please mark your preference) The Clarke School for the Deaf and Mentally Retarded, Chennai

(Please paste
your recent
passport size
photograph)

PERSONAL DETAILS: -

- 1) Name of the Candidate in full (Block Letters) : -----
- 2) Father's / Husband's Name : -----
- 3) Date of Birth : -----
- 4) Age : -----
- 5) Sex (Male / Female) : -----
- 6) Place of birth (Submit domicile certificate) : -----
- 7) Marital Status (Married / Unmarried) : -----
- 8) Mother-tongue : -----
- 9) Nationality : -----
- 10) Religion : -----

11) Do you belong to SC/ST/DTNT/OBC? : -----

12) Permanent Postal Address : -----

13) Address & contact number (Tel. / Mobile no) : -----

for correspondence

14) Details of examinations passed from SSC/Matriculation onward including HSC (Intermediate)
Attach duly attested photo copies of certificates (diploma and degree) of examinations passed
With this application form

Name of Examination Passed	Subject of Examination	Name of School/College/Board/University	Year of Passing	Marks Allotted	Marks Obtained	Division/Grade Percentage Obtained

Space for office use:

15) Professional Qualification:

Name of the Degree Diploma or Certificate Obtained	Name of the Training Institute/ Board/University	Year of Passing	Marks Allotted	Marks Obtained	Division / Grade Percentage Obtained

16) Details of work experience if any (attach copies of Certificates, Testimonials etc):

Name of the organization / Employer	Duration of the Employment from _____ to _____	Nature of work performed	Part-time / Permanent

17) Give particulars of languages you can:

Read only	Read only	Read & Speak	Read, speak & write

18) State the language in which the candidate would like to write the examination?
(English / Hindi / Marathi/ Tamil) _____

19) Is the candidate a parent / sibling / relative of a Deafblind child? _____

20) Any special achievements:

Academic : -----
Extracurricular : -----

21) What are your hobbies? :

22) Are you being sponsored by any agency?

a) Name of the sponsoring agency : -----
b) Address of the sponsoring agency : -----

23) Why do you want to enroll for this course?

24) How do you think this course will benefit you in the future?

25) Is hostel accommodation needed? : Yes _____ No _____

26) Give two names of reference with their designations, address and testimonials

1. Name: _____	2. Name: _____
Designation: _____	Designation: _____
Address: _____	Address: _____
_____	_____
_____	_____

27) Please attach attested copies of the following certificates / testimonials

- a) Secondary Certificate Examination (10th Standard)
- b) Higher Secondary Examination (12th Standard)
- c) Proof of date of birth (School leaving certificate)
- d) Proof of SC/ST/DTNT/OBC status
- e) Certificate of higher qualifications
- f) Proof of having work experience in the field of Visual Impairment, Hearing Impairment or Multi-Handicapped children.
- g) Recent Character certificates issued by Gazetted Officer (in original)
- h) Certificate to the effect that the candidate excelled in District/State National Sports Meet/NCC 'A' Certificate
- i) Medical and Fitness Certificate. If physically attach separate disability certificate
- j) In case of foreign students furnish passport No. and other details separately
Declaration

Declaration by the candidate

I hereby declare that the information given above is true and correct to the best of my knowledge and belief and that I shall abide by the rules and regulations of the institute and Training Centre. I further declare that I have got the application form free of cost from _____ (please mention the place where you got the form. e.g. website, designated organizations or the institute) and that I will accept the centre allocated to me. I am aware that my admission will be cancelled in case the details furnished by me are proved to be Wrong.

Place:

Date:

Signature of Applicant

Endorsement by forwarding Authority

(In case of experienced candidates only)

Certified that Mr. / Mrs. / Ms. _____ is/was working in our organization as _____ from _____ to _____. The application for admission to the training program leading to Diploma in Special Education (Deafblind) is forwarded.

Place:

Date:

Signature *

- Enter the name and designation of the person in charge of the organization.

Declaration by the Guardian

This is to declare that my family monthly income does not exceed Rs. _____ from all sources to this extent. I have enclosed a certificate with this form from a competent authority.

I hereby declare that I have no objection in my son / daughter _____

On admission in the Training Centre to attend any Camp, educational tour programme, internship while under training.

Name of Parent / Guardian _____

Date and place _____

(Signature of Parent / Guardian)